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PUBLIC HEALTH.—BOSTON BOARD OF HEALTH.

IN consequence of the extreme difficulty of removing smallpox patients to the excellent hospital located at the Quarantine Ground, the past winter, on account of the harbor being closed with ice, it was thought expedient to establish one at some remote part of the city for the reception of this particular class of unfortunates. The Statute Law of the State requires that a building used for that purpose should not be nearer than one hundred rods to any habitation belonging to another town—and hence the committee to whom was referred the matter of selecting a site, found themselves considerably perplexed, as it was desirable on every account to seek a spot on the outer borders of the city, where there were the fewest dwellings. Under these circumstances, through their chairman, Alderman Wetmore, the following report was made to the City Council. Accompanying it, are several medical reports from the Consulting Physicians, which are on file for publication.

Report.—In compliance with an order of the City Council, the Committee have conferred with the Consulting Physicians, and have ascertained their opinion in relation to the subject of it. On communicating with them, they were found to be well acquainted with the present hospital at Rainsford Island, and with all the advantages and evils attending the transportation of the sick to it; and after due consideration of the subject they gave an opinion in writing, which the Committee hereto annex and ask leave to make a part of their report.

It will appear on examining this document, that the Consulting Physicians agree entirely with the Committee, in the sentiments, expressed in their former report, as to the difficulties attending the present hospital at certain seasons, and the necessity of providing another, and, in the opinion of the Committee, the reasons assigned by the Physicians are entirely satisfactory.

Their views and reasoning, however, seemed to be predicated on the supposition that the present system of laws for the removal and supervision of smallpox patients, was considered by the City Council to be judicious and proper, and necessary for the health and safety of the inhabitants, and therefore that it ought to be continued. And the Committee thought it to be within the scope of the powers and duties assigned them, to ask the attention of the Physicians to the whole subject of the present system, and to request their opinion of its policy and propriety. An answer received to a communication of the Committee,

on the subject, is also here annexed, and the Committee ask leave to make it part of their report.

The result of the deliberation of the Consulting Physicians, expressed unanimously, is, that the present system for the removal and seclusion of persons sick with the smallpox is not required for the health and safety of the community—that its operation is frequently cruel—that by it unnecessary alarm and confusion are frequently occasioned—and that it is attended with great and useless expense. They therefore recommend that the practice of removing from the City, persons affected with smallpox, should be discontinued after the first day of March next.

The Committee fully concur in the opinions expressed in the communication of the Physicians, and they think that any advice, on this subject, coming from those who from their profession are so well acquainted with it, ought at once to meet with deference and acquiescence.

In addition, however, to the reasons assigned by them, the Committee would remind the City Council that the Statute of the Commonwealth under which the present system was originally established, and has been continued to the present time, was passed in 1792, many years before vaccination was known or adopted in this country as a preventive of the smallpox. The law, therefore, possibly may have been necessary and proper at that time to prevent the spreading of a most loathsome contagious disease, in a community where almost every individual was liable to be infected, notwithstanding the apparent harshness and severity of some of its provisions. But now, when a sure preventive of this disease has been discovered, and has been adopted by a vast majority of the inhabitants, when all reasonable fear of its ever prevailing as an epidemic is done away, and when its yearly ravages have for a long time, indeed ever since the introduction of vaccination, been by far less than those of other contagious diseases which are every day occurring, and against which the law takes no precaution—a system which was fit for another state of society under different circumstances, has become not only harsh and cruel, but impolitic, unreasonable, and unwise.

The Physicians, among other reasons for the discontinuance of the present practice, state that the terrors of a general spreading of the smallpox would be thereby allayed, and the disease would be regarded with no more alarm than measles and other contagious diseases. And the Committee have been induced to examine the bills of mortality for several years past, in order to ascertain what has been the number of deaths occasioned by these two disorders.

They find that since the beginning of the year 1813 (beyond which time no regular record has been published), to the beginning of the present year, a period of twenty-four years, there have been recorded but thirty-five deaths by smallpox, while the deaths by measles during the same period have been no less than five hundred and seventy-three. The deaths by smallpox have in no year exceeded five, while the deaths by measles in one year amounted to one hundred and eighty-eight. And yet it has never been thought necessary to remove those suffering under the latter disease, from their homes to hospitals, or to se-

clude them from the attendance of those on whose care they have been accustomed to rely.

The Committee therefore agree with the Consulting Physicians as to the inutility and impolicy of the present practice of removal and seclusion of smallpox patients. They regret, however, that it is not in the power of the City Council to discontinue it. It exists under a law of the Commonwealth, which seems to leave but little discretion to the Council on the subject. The act of 1792, as re-enacted by the late revision of the Statutes, is imperative on the City Government to provide hospitals, and to remove to them persons sick with smallpox, when it can be done without endangering their lives. Whether, in the present state of public opinion on the subject, an application to the Legislature, for an alteration of the law, would be favorably received, is so extremely doubtful that the Committee do not deem it expedient now to propose it. They cannot but hope, however, that the alarm and dread of this disease, which have descended to us from other and distant times, will, at no very remote period, be no longer felt, and that it will be managed as diseases of similar character are. As the most certain mode of producing this result, the Committee think that the attention of the City Council and of the citizens should be imperatively drawn to the subject of vaccination. It was in 1802, that the Municipal Authorities first adopted any measures on the subject. The Board of Health then caused twenty-two persons to be vaccinated, and afterwards sent to a hospital and inoculated for the smallpox, "in order," as they say, "to remove all reasonable doubts of the utility or inutility of the kinepock or vaccine inoculation as a preventive against the smallpox;" and the experiment appears to have been quite successful in proving the value of vaccination. Afterwards, in 1816, the Assessors having certified that there were five thousand four hundred and fifty-three persons who had never been vaccinated nor had had the smallpox, a general vaccination took place under the direction of Committees of the several Wards. Since then the subject has been left very much to the discretion of the inhabitants; it is believed, however, that there are but few who have not been vaccinated. The present regulations of the public schools, by which no child can be admitted without being previously vaccinated, has undoubtedly had an extensively beneficial effect, and the instructors of all private schools should be earnestly advised to adopt the same. No person should hold any office under the City Government, unless he and his family have undergone the same operation. The inmates of the Houses of Correction, Reformation and Industry should be vaccinated on their admission. And vaccination ought to be performed on all citizens who may apply for it, at the expense of the city.

By the adoption of these and any other measures for the extension of vaccination which may occur to the wisdom of the City Council, the Committee believe that the smallpox will in this city, in a very short time, be confined to a few isolated cases among those persons who wilfully neglect the means held out to them for protection against it.

In the mean time, while acting under our present system, as the City Council are not obliged to remove the sick when such removal cannot be

made without endangering life, we trust that the Consulting Physicians will at no time advise it, if thereby from nervous excitement, or any other cause, the disease will probably be exasperated and increased.

Entertaining the foregoing views, therefore, the Committee do not now deem it expedient to provide another hospital for smallpox and other contagious diseases; and they would suggest an additional reason in the extreme difficulty, if not impossibility, of finding a suitable place for one. Such an establishment must necessarily be within the limits of the city, and not within one hundred rods of any dwelling in a neighboring town, without the consent of the inhabitants of such town. The Committee, after an attentive examination, have not been able to discover any place to which strong, if not insurmountable, objections have not been raised. And they ask to be discharged from any further consideration on the subject.

The Consulting Physicians of the City of Boston have been called on by a Committee of the City Council to say, whether, in their opinion, it is necessary to provide a place for the residence of those who are affected with the smallpox and other contagious diseases in the winter season. Having carefully considered the subject, they ask leave to offer their opinion, as follows:—

“That it is highly necessary to provide a place, in, or near to the city, to which those affected with smallpox and other contagious diseases, in the winter, may be conveniently and safely removed.”

The reasons which have led them to form this opinion are the following:—

I. They believe that cases of contagious disease may occur, in which it would be dangerous to life to remove the patient in a boat or vessel, as now practised.

II. That obstructions in the harbor may prevent the removal of infected patients so early, after the appearance of the disease, as to avoid their communicating it to others.

III. That an insular situation may sometimes prevent the administration of those aids, which severe diseases might require.

IV. That an apprehension of being removed in the manner done at present, may operate as a temptation to physicians and patients to conceal the existence of a contagious disorder.

On the other part, there appears to be no serious objections to establishing a place for persons affected with contagious disorders in or near the city.

All such diseases emanate their contagious influence to a very limited extent; generally not beyond the air immediately surrounding the infected person.

As one proof of this, may be advanced the fact of a smallpox hospital having existed a considerable number of years, within two miles of Boston, without having communicated, or having been suspected to communicate, the contagion to the city.

As to the place proper for such an establishment, this Board is of opinion, that any place in or near the city, which can be as much insu-

lated as the State Prison at Charlestown, or the Massachusetts General Hospital in Boston, would be perfectly safe, if precautions were taken to disinfect those who had occasion to communicate with the establishment.

By order of the Board of Consulting Physicians,

JOHN C. WARREN.

Boston, February 1, 1837.

OPIUM IN RHEUMATISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Dr. Webb's dissertation, in your Journal of the 5th inst., recommends the use of opium in Rheumatism; and the author quotes a passage from the Med.-Chirur. Review, in which is described Dr. Cazenave's use of this article in rheumatism and his mode of using it. I send you the following in corroboration of Dr. W.'s statements.

In February last I was in Providence, and Dr. Mauran, of that city, stated to me his use of opium in rheumatism, saying that he began its use about eight years since, in consequence of the recommendation above referred to in the Med.-Chirur. Review. He then promised to send me a statement of his experience, in writing. This he did, under date of March 28th, 1837. I send you the communication from him, and leave it to you to publish it, if you think proper. I will only add, to those who do not know Dr. Mauran, that he is a gentleman of science and in extensive practice, and that his statements are worthy of full confidence. I mean that he fully believes all he states. We all know that the same remedy succeeds in the hands of one man better than in those of another. Generally this is to be attributed to more full and free use of an article by one who has faith in it, than by one who is apprehensive of evil from it.

Yours respectfully,

Boston, April 8th, 1837.

A. B.

Extract from Dr. Mauran's Letter.

You may recollect, when I last had the pleasure of meeting you, that some remarks were made upon the treatment of Rheumatism with Opium. I am induced, from the success attendant for a series of years upon this novel mode of treatment, to give you a very brief and familiar statement of my observations.

In Johnson's Medico-Chirur. Review, in 1828, you will find the short article on rheumatism to which I then very briefly alluded, and which formed the basis of a series of practice in relation to that heretofore, with me, and I presume most others, very formidable disease. I generally hesitate largely in adopting *new* things from the Journals, without "I know my man," and probably this hint of Cazenave might have passed by me, "unhonored and unsung," but for a *fortuitous* circumstance. I say fortuitous, not that my then patient was sorely afflicted (protractedly) under our most popular mode of treatment, with rheumatism, and was now cured; but that the *successful* adaptation of Cazenave's plan to *his* case, has been exceedingly advantageous to all others who

have subsequently fallen under my professional care, similarly afflicted. The circumstances which led to the adoption of the opium practice were the following, viz. In the month of Feb., 1829, I had a case of acute rheumatism, highly inflammatory, which, after four weeks' treatment antiphlogistically, seemed to baffle all efforts towards a perfect cure; thrice thought the lancet, cathartics, sudorifics, *partial* anodynes, colchicum, vapor baths, sulphur baths, blisters, &c., had apparently vanquished the foe, but from the slightest exposure I perceived (as the antimasons say of the masonic institution) that "it required more killing." My patient was exceedingly plethoric and full habited, and though short in stature (less than five feet), weighed nearly two hundred pounds. Habits somewhat intemperate. Under these circumstances, he being now very much prostrated, and unable to exert a single voluntary muscle from tumefaction and pain, I accidentally hit upon the article describing Cazenave's practice, and although the case, *a priori*, seemed at the time absolutely to forbid its adoption, there being a *dry, hot skin*, quick and frequent pulse (130), *dry tongue and fauces*, with consequent *cerebral disturbance*; yet as a dernier resort, I determined to test its efficacy. Judge my surprise, when I inform you that the disease yielded as under mysterious influence. In the course of the week, my patient was again upon his legs, and notwithstanding the inclemency of *that* season (March), was out and about his ordinary avocations; and although he continued his habits of intemperance, which carried him from comparatively affluent circumstances, in a few short months, to find lodgings in the gutter, yet, to this day (having again reformed, through an absence on a protracted whaling voyage, to which he was shipped by our city authorities, as a *nuisance*), he enjoys perfect health, and during his exposures through the voyage he had no relapse whatever of his former affliction, to which he had at times previously been liable.

My next case was that of an octogenarian, who had suffered occasionally for years. When called to him, under the disease in its most acute form, affecting both inferior extremities, after premising a cathartic he was ordered the pill, and in five days he was out, well, nor has *he* since had a relapse.

I need not now recount individual cases; suffice to say, that being attached, in connection with Drs. Webb and Toby, to the "Asylum for the Poor," we had ample opportunities for testing *fully* the efficacy of the practice, both in the acute and *chronic* form of the disease, and to our entire satisfaction, having never been, I can truly say, in a single instance unsuccessful. In fact, *there*, our success became proverbial, as may be illustrated by the following circumstance. When the asylum was erected, through the munificence of our late lamented citizen, *Knight Dexter, Esq.*, all the poor who had been quartered in private families in town and *country*, were returned to that ample institution. One individual, Mr. C., on entering (1830), stated to the overseer that he could not labor at his vocation (a tailor), having been for twenty years afflicted with chronic rheumatism. That officer remarked, is that all? if so, you have come to the very place; enter the asylum, and our physicians will cure you in a few days. He came, and though really

quite infirm from protracted sufferings, the prophecy, much to his surprise, was verified; in ten days he found himself restored, and, until the past year, was constantly enabled to work at his trade. He died of chronic diarrhœa, having been in the Asylum over six years.

Many successful cases might be detailed, both in private and public practice; but should you adopt *the plan*, your critical observation and discriminating mind will enable you to judge of its merits or demerits, of which I trust we shall ere long be informed. To be successful, I am convinced that the practice should be adopted *fearlessly*, and in full.

The following phenomena almost invariably present, viz. cathartics being premised, after from 6 to 10 doses of a grain each are *successively, hourly* administered, a profuse perspiration supervenes, succeeding which, the pulse, at first somewhat elevated, becomes gradually lessened in force and frequency; the distress, before violent, now abates, freedom of motion returns, tumefaction and redness subside, nor is metastasis often apprehended. Nausea is not uncommon at this stage of the treatment; in fact, with many it is a *constant* attendant. When the severity of the case renders it indispensable to pursue the opium *freely* for several days, the bowels move spontaneously and actively, and in some instances require astringents to prevent consecutive diarrhœa, gripings and tenesmus. In a few cases, however, the bowels are torpid, and superadded to which, the patient suffers from dry and parched fauces. These symptoms have been most promptly relieved by occasional draughts of yeast, the patient gurgling freely with the same. In *all* cases, but little perfect sleep is obtained; the patient frequently inquires if he may not take an anodyne to court it. In three cases of private practice, wherein the violence of the symptoms rendered a *protracted* course of opium necessary, my patients suffered from profuse ptyalism with exceedingly irritable gums, tongue and fauces, nor could I readily disabuse them of their surmises that it was the result of mercurials. Absence of specific fœtor, and firmness of the teeth, however, were sufficiently diagnostic to the initiated.

I ought to state that I *never bleed* except in cases of decided plethora or local (visceral) determination, and very rarely blister or apply rubefacients, except to amuse the patient, who cannot conceive of a cure without their aid. My plan is to follow Cazenave's practice *fearlessly*, though watchfully, keeping the patient in bed and properly protected by sufficient blankets from atmospheric changes. Once or twice only have I ever resorted to warm or vapor baths as adjuvants in the course, and never *but in one single instance* have I witnessed a relapse, and that case was so peculiar that I propose, at some future leisure moment, to give it in detail.

The treatment is simply this. After a cathartic, I prescribe *one grain of opium*, in pill, every hour, occasionally combined, when there is great heat, with ipecac., or, to disguise the opiate smell, when suspected, with some aromatic oil (cloves, mint, &c.), and continue the same dose *hourly*, until the intoxicating effect is produced, or *profuse perspiration supervenes*, when the same dose may be repeated every two or three hours, to keep up a free determination to the skin; the patient taking at the time,

large and frequent potations of some diluent drink. If pain is intense, add another grain of opium. Exhaustion from the copious perspiration is alleviated by some cordial diaphoretic, wine whey, or, what has been found exceedingly useful, not to add grateful, champagne and ice water, soda, &c.

An experience somewhat extensive for eight years, has taught that under the above plan the patient affected either with the acute or chronic form, is rarely confined over a week, or at most ten days. N. B. The pill cannot be suspended in the early stage of treatment for the administration of cathartics, without the hazard of protracting the cure by metastasis, &c.

Although this treatment is truly heroic, no cases of cerebral congestion, or other unfavorable circumstances, have ever resulted from its adoption, so far as my observation has extended.

The same plan has been found to be eminently successful in common sick headache, and in that formidable host of diseases y^clept *neuralgic*; nor have I hesitated to resort to it as a *soulagement* in that state of protracted pain in *pleurisy*, where the tartrate and bleedings, both general and local, have been pursued to their ultimata, and (with a small wiry pulse) *pain*, with a dry, hot skin, still lingers.

Four cases of that *non-descript* affection (so far as pathological investigation has developed), *deep-seated pain in the orbit*, with intolerance of light, of months standing, yielded in a few days to the opium, after having baffled all efforts by cupping, leeching, arsenic, iron, &c. &c. &c., which convinces me, and will others who adopt its use *en haute dose*, that the virtues of opium have never been half made known.

Quere.—Does not this last named disease of the eye, *more frequently* than is generally imagined, owe its origin and protracted continuance to gouty or *rheumatic* sources (occurring mostly in young subjects), rather than to congestion or chronic inflammation of the deep-seated vessels, &c. &c., and the thousand and one causes, equally unintelligible and inexplicable, which have claimed the sanction of our modern theorists?

Should you consider that the publication of these hasty notes would be in any degree instrumental to excite, through the faculty, an investigation of the subject of which they treat, you may at pleasure so use them; in any event, however, you will permit me to subscribe myself,

Your obt. servt. and friend,

Providence, March 28, 1837.

J. MAURAN.

MEDICAL BOTANY.

[Communicated for the Boston Medical and Surgical Journal.]

NO. III.—CYPRIPEDIUM. AMERICAN VALERIAN.

SEX. SYST.—Class gynandria; order diandria. *Generic Characteristics.*—*Labium* large, inflated, ventricose, sacform. *Petals* four (by some

called a four-leaved calyx), the lower one bifid. *Column* terminating in a petaloid lobe.

Specific Descrip.—Cyp. Pubescens. Stem leafy; lobe of the style triangular-oblong, obtuse; exterior petals ovate-oblong, acuminate; interior very long, linear, contorted; lip shorter than the petals, compressed.

This species of cypripedium grows abundant in meadows and moist wood-land in many parts of New England. It blossoms, in common with most other plants of this genus, in May and June. Stem two or three feet high; leaves downy; flowers spotted, of a greenish yellow. Its root, as well as that of the *C. Acaule* v. *Humile*, has been used as a remedy by country practitioners for many years; and yet its name can be found in few, if any, of our medical books.

C. Acaule. Scape leafless, one-flowered; two radical, oblong, obtuse leaves. It grows in woods, from eight to twelve inches high. The root of the *C. Candidum*, and probably of some other species, is used likewise for the same purposes, and I believe with the same result. But the *C. Acaule* or *Humile* is the kind preserved by the Shakers, and which may be obtained in any quantity at the shop of Mr. Joseph Kidder, Boston. It is composed mostly of long, yellowish, curly fibres of a bitter, nauseous, somewhat acrid taste. It has probably long been a favorite remedy among the Indians, and has obtained the name *Moccason root* from the resemblance of its blossom to an Indian moccason. The several species of *Cypripedium* are called *Ladies' Slipper*, for a similar reason.

Many physicians, besides numerous other people, are ready to testify to the effects of the wild or American Valerian as a remedy. It resembles considerably in its therapeutical properties the imported Valerian, and is thought by some practitioners to be superior to that article. It is certainly a very good antispasmodic, and is exceedingly valuable in nervous debility and irritation. Many of the good ladies in the country, and some in the city, are in the habit of using it to relieve the false pains before and after delivery. Some intelligent and well-informed people speak in high commendation of its effects in their own families. I have used it, and seen it used with good success, in weakness and nervous irritability, and believe it deserves the attention of the medical profession.

A thorough knowledge of the properties of *Cypripedium*, would doubtless give it a conspicuous place in the United States Dispensatory. I am inclined to believe it possesses a narcotic principle, but am by no means certain. Will not some of your readers determine this point, and inform us?

S. A. T.

Cambridge, April 13, 1837.

WOUND OF THE RECTUM.

[Communicated for the Boston Medical and Surgical Journal.]

MARCH 16th, 1837, I was called to visit Seth Felch, aged about five years, a lively, active lad, who had been amusing himself in sliding down

hill on a board in a field, as the snow was hard and icy. It happened that there was a double-ten nail driven through the board, with the point upwards (though, by the way, a portion of the nail had been broken off, leaving a blunt point). As he was descending the hill, sitting upright upon the board and moving with considerable velocity, the forward end of the board fastened itself in an inequality of the crust of snow, and was stopped instantly. The boy's inertia and gravity carried him with full velocity upon the nail, which was standing about one foot anterior to the point on the board on which he was sitting. The nail entered the pelvis within about three fourths of an inch of, and rather anterior to, the anus, on the left side. Passing through the integuments, it entered the rectum about one inch or an inch and a half above the sphincter ani, making an opening there about the size of the finger. It left the wound as the boy fell forwards, by enlarging the external part of it posteriorly. The range of the opening was parallel to the fosse between the glutei muscles, about one and a half inch long externally, and about three fourths of an inch to the left of the anus. His bowels being at the time in a lax condition, the contents of the rectum immediately flowed through the wound. The wound presented a bluish leaden hue, in consequence of its being a contused laceration, and that, too, among hæmorrhoidal vessels. This was his condition when I first saw him, it being on the day of the accident. The anus was closed with an apparent spasmodic stricture, and the thin feces were continually passing involuntarily through the wound. Under these circumstances, union by the first intention was out of the question. But, that union might take place by the second intention, was more probable. To this end, a bread and milk poultice was ordered to the part, and an opiate to check the frequency of the discharges, it being desirable to have the bowels lay entirely at rest, except when they should be moved by cathartics. By this means the wound would not be continually irritated by the presence of the feces; for after the bowels had been moved and checked, the wound could be cleansed by a syringe, and remain clean until another laxative should be given.

17th. This morning the patient requested the closet stool, but nothing but an half pint of coagulated blood was discharged, and that through the wound. Examined the wound, and found its appearance the same as yesterday. Febrile symptoms quite prominent; pulse 120; tongue loaded in the centre with white buff; skin warm and dry. Ordered powder tart. pot. and jalap, followed by sulph. magnesia if necessary. After catharsis, use wheat flour scalded in milk for diet, and omit the opiate; antimonials in small doses; continue the same poultice. Inject warm water or soap and water immediately after discharge from bowels, but not introduce the tube of the syringe; give the water some force into the wound, being well exposed at the time by an assistant, then re-apply the poultice.

18th. Less fever to-day than yesterday; wound appears the same; the diet and fever have controlled the bowels sufficiently without an opiate. Ordered the same as yesterday, except use fermenting poultice

of rye flour and yeast ; change frequently ; all the feces pass by the wound.

19th. Less fever and more rest than for any 24 hours since the injury ; tongue becoming clean, and wound appears more of a rosy hue and suppurates freely ; appears somewhat contracted in its dimensions, and part of the feces pass by the anus and part through the wound. Patient has some appetite ; less thirst, and good rest. Continue the same course.

21st. Has rested well two days past ; appetite good ; tongue almost clean ; wound closed and filling with healthy granulations ; no feces pass by the wound, but all per anum. Continue the same course two or three days, then apply emp. diacalon. Patient dismissed. I have seen the father of the boy twice since, and he says that his son is well.

I should not have troubled you, Mr. Editor, with this communication, but for a somewhat similar case reported in your Journal of March 22d, under the head of "Fragments," by A. P. Fuller, of Maine. I am inclined to believe that such accidents are quite uncommon, as this gentleman says that he never before saw or read of a wound of this description. And if this accident is so comparatively rare, and still so grave in its character, it is a sufficient apology for our communicating to the profession the effects of the different modes of treatment that have been pursued. I acknowledge that the cases are not exactly parallel. One patient is a man of 35, sound constitution, good habits and good health ; the other, a boy of five. In one case no aid was procured until the expiration of five days ; in the other, immediately. But notwithstanding this difference, I cannot perceive why the same treatment would not be indicated in the one, as in the other. If I had filled the wound with any foreign material, I should have perpetuated an artificial anus, for this is the only means which surgeons resort to after the operation for imperforate anus in children, in order to establish an artificial anus, and make it permanent. Whereas should they introduce no foreign material, it would unite by the first intention, or granulate, and the new canal would become obliterated. I consider the wounds above described to bear almost no analogy to fistula in ano. In one, the ulceration is the effect of a specific, diseased action, producing an ulcer of a peculiar character, very far from healthy. But in the above accidents, though the ulcers are situated in the same region, they are simple wounds in healthy parts and in healthy constitutions ; and it would be as absurd to suppose that they must be treated like fistula in ano, as that a wound on the side of the neck producing an ulcer, must be treated with iodine and other remedies for scrofula, because scrofulous ulceration is sometimes seated there. I presume that all are agreed that the sphincter ani should not be divided and prevented from uniting by a foreign substance, without the most imperious necessity ; and if wounds of the above description can be treated successfully without such division, it should not be divided in consequence of them.

ISRAEL HINCKLEY.

Topsam, Vt., April 2d, 1837.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 19, 1837.

EDUCATION OF THE BLIND.

ALTHOUGH the fifth annual report of the Trustees of the New England Institution for the Education of the Blind has been before the public some weeks, it has not been convenient to give it that attention before, which such a document demands. Dr. Howe, the director, is laying a broad and deep foundation to transmit his name to future times, as a benefactor of the unfortunate of the human race.

The following comprises all that can be essentially beneficial to medical readers.

"The pupils have, generally, been in excellent health ; few cases of severe sickness have occurred, and those have all terminated favorably.

"This may be considered fortunate ; for the blind are more liable to disease and early death than seeing people ; partly because there are many cases where blindness is the partial effect of some general cause, which occasions constitutional infirmity ; partly, because in early life they do not take exercise enough to develop the force of the system ; and, partly, from habits of indolence, physical and mental, acquired in later life. Now the majority of our pupils were past the age of adolescence, when they entered ; and are, therefore, still liable to the effect of unfavorable causes, put in operation before.

"Great attention, however, is now paid to their physical health ; and there is no doubt that where this attention can be given from early life, the mortality of the blind will not differ much from that of seeing people. The pupils are required to be perfectly clean ; they have the use of the warm bath ; their body and bed linen is frequently changed ; the sleeping-rooms and school-rooms are very well ventilated ; their diet is simple, but healthy and ample ; their hours of eating, study, exercise, and sleep, are regular ; in short, everything is done to promote health, though we have still to contend with almost insurmountable repugnance in the older ones, to taking sufficient exercise.

"The system of intellectual education, adopted at the commencement of the Institution, has been assiduously and successfully followed during the past year, and we can now realize its happy effects. The upper classes of boys and girls are well versed in the grammar of the English language, in geography, and arithmetic. The first division is familiar with the principles of natural philosophy, embracing astronomy, with the outlines of natural history, and have been exercised in composition. One section is thoroughly acquainted with algebra, and is engaged in the study of geometry. Another section can translate and converse in the French language. All, except the very youngest of the pupils, have been taught to read, spell, cipher, and are rapidly acquiring the rudiments of common education. Many of them write a legible hand, and can correspond with their friends by mail.

"When we say that many of our pupils are good scholars for their

age, we do not mean merely that they are good in comparison with other blind children, but that they are quite equal in acquirements to boys and girls of their own age in our common schools and academies. But, as in common schools there are some bright and precocious minds, and some dull dunces, so with the blind, some are very intelligent and apt, others are very stupid and almost imbecile. In short, the experience of our school proves (if indeed any proof be needed) that the original capacity of the intellect is precisely the same in blind, as in seeing children. Their intellects, however, cannot be developed by the common modes of education, and it is to supply peculiar processes of instruction that our institution is established.

"We may consider music as a branch of intellectual education, and this has been taught with great zeal and success, by our Professor, Mr. J. Keller, who has, with great zeal, devoted his time and talents to the pupils."

"Vocal music has been much cultivated, and with great success; our pupils have given several public concerts which afforded entire satisfaction to the audiences.

"It will be found that the pupils are able not merely to perform many difficult pieces, but that they are acquainted with the theory of music; that they have learned, not by rote, but scientifically.

"Besides attending to their studies, and to music, the pupils are occupied four hours daily in handicraft work; some of them have become expert at making mattresses and cushions, at weaving coarse mats, &c. It is desirable that all, even those destined for musicians and teachers, should be exercised at some handicraft work; for it not only conduces to health, but gives an activity, a command of the limbs, and freedom in motion, not to be attained by the blind in any other way. The girls are taught to sew, knit, braid, &c., and to do some housework; and it is advisable that all of them should be able to wash, iron, set tables and to keep furniture in order.

"It may seem strange to those who are not familiar with the subject, that so much can be learned by blind persons in so short a time; but, the truth is, with the advantages given them, many of our pupils learn faster in some branches than they would if they could see and could attend common schools five or six hours per day. The blind study with more pleasure and more intense application than seeing children; and they have much more retentive memories; but besides this, the following statement of the daily routine of study, music, and work, will show that they are kept diligently occupied.

"At half past 5, A. M., the first bell rings; at 6, all assemble at the chapel; at 8, breakfast—the boys then walk out for exercise until 9, while the girls are busy at housework; from 9 to 10, all attend school; from 10 to 11, all assemble for singing; recess half an hour. From half past 11 to 1, school; from 1 to 2, P. M., dinner and recess; from 2 to 6, all are at work—with a short recess for the younger ones; 6 to 7, supper and recess; 7 to 8, all assemble for singing; 8 to 9, reading, newspapers, and history; at 9, they assemble for prayers, and then go to rest. The children retire earlier.

"Such is the routine of a day (in winter as well as in summer, for the blind limit not their day by the rising and setting of the sun); and although it may seem severe discipline, it is not found to be so in practice; for, by alternating study with music, and by frequent recesses, different faculties

of the mind are called into operation in succession, and the pupils are not so much fatigued as if they were kept seated on school benches six hours, with but one intermission. In general terms, the pupils devote four hours daily to intellectual labor ; four hours to vocal and instrumental music ; four to recreation and eating ; four to manual labor, and eight to sleep. Or if we consider music as intellectual labor, and work as physical labor, then they devote eight hours daily to intellectual education, eight to physical education, and eight to sleep."

Poisonous Partridges.—After various inquiries of those who profess to be conversant with the habits of these birds, we are inclined to the opinion that the poisonous quality of their flesh in the spring of the year does not arise from feeding on any kind of bud or berry. As the season approaches when the system undergoes important preparations for the reproduction of the species, the fluids of some of the organs are variously changed and more copiously secreted. These are reabsorbed and carried into the system through the circulation, imparting to the muscles, and especially those in the immediate neighborhood of the spermatie apparatus, a quality, *sui generis*—intolerable to the human stomach. Male birds, it is apprehended, and not the female, possess this noxious quality, of which so much has been said—but only about seven weeks—from the first of February to the middle of March.

Legislative Generosity.—It will be recollected that some two or three months ago we expressed a hope that the Massachusetts Legislature would exert a sustaining influence in behalf of the Eye and Ear Infirmary. To our great gratification, and to the lasting honor of the Senate and House of Representatives, a grant has been made of five thousand dollars, to be paid into the hands of the trustees forthwith—accompanied by an annual appropriation of two thousand dollars, for the next five years. This at once raises the institution to a condition of usefulness, by the provision which has thus been made for boarding and lodging the poor coming from a distance who may seek relief at its portals. As soon as the act is published, it will have an insertion here, that the profession abroad may understand how the people of Massachusetts appreciate the skill of physicians and surgeons.

Calomel in Scalded Glottis.—An English surgeon has lately cured a distressing case of scalded glottis, in a child aged seven, who had attempted to drink from the spout of a tea-kettle containing boiling water, by administering calomel—two grains of which were given every hour, with two minims of the tinct. of opium with every other powder, and continued for two days.

Epidemic Hooping Cough.—Dr. John Hancock, at a late meeting of the London Medico-Botanical Society, mentioned having seen a whole family affected with hooping cough, in South America, without any previous communication with any one affected with the disease. The family resided in the woods of Pomeroon, far distant from any settlement. Dr. H. considered this as one evidence of the epidemic origin of hoop-

ing cough, or that it is propagated by a peculiar condition of the air, rather than by contagion.

Canadian Physicians.—Before a professional gentleman can commence practice in Canada, it is required that he shall procure a license of the Governor. In accordance with this requisition, the last Quebec paper announces the following intelligence—William Donegani, Esq., M.D., George Holmes, Esq., M.D., and William M'Nider, Esq., M.D., have severally been permitted by the authority of his Excellency the Governor General, to practise physic, surgery and midwifery. The Canadians had better organize a medical board to examine into the qualifications of strangers. What is the opinion of a Governor worth in the grave matter of judging of a man's attainments in these important subjects?

Analysis of Bitter Almonds—Hydrocyanic Acid.—At a late meeting of the Med.-Botan. Soc., Mr. Everitt stated some curious facts at which the French chemists have lately arrived, respecting the analysis of bitter almonds. The substance called "amygdaline" was obtained by macerating the bruised seeds in alcohol, or ether; but it was proved that no hydrocyanic acid or essential oil was contained in them; and that those principles are *not educts*, but mere products, formed by water, or by mastication; that benzoic acid is formed in the volatile oil by its union with oxygen; that the bitter principle is developed only by attracting azote or nitrogen.

Mr. Everitt also showed a very delicate test for hydrocyanic acid, consisting in simply placing over a watch-glass containing the smallest quantity of hydrocyanic acid, alone, or mixed with some other body, another piece of glass, damped with a solution of nitrate of silver. The hydrocyanic acid, being extremely volatile, escapes, and, coming in contact with the nitrate of silver, renders the glass opaque, by forming cyanide of silver.—*London Lancet.*

Medical Miscellany.—A proposition is before the Mass. Legislature to make some alterations in the general health laws of the Commonwealth.—The grippe, a new form of influenza, is said to have appeared at New Orleans.—Dr. Lloyd, of the British forces at Barbadoes, has arrived at this port.—No one disease appears to be particularly prevalent at this time in the United States.—The plague has generally subsided in all those countries where it made fearful havoc only a few months ago.—Mr. Jordan, of Boston, is agent for the new British Medical Quarterly Review, and is prepared to furnish back numbers.—Pulverized bloodroot, *sanguinaria Canadensis*, has become an important remedy in healing bad-conditioned ulcers, sprinkled on about twice a day.—The anniversary of the Mass. State Medical Society is at hand.—Eight thousand dollars have been appropriated for the current expenses, the ensuing year, of the Lunatic Asylum at Worcester.—Dr. Gordon's infirmary for diseases of the skin, is gaining public favor.—Rooms for public lectures on diseases of the Eye and Ear, are to be forthwith constructed at the Institution, in Green street.—Smallpox, which has been rife several months in various sections of the country both at the north and south, appears to have been wholly overcome and circumscribed by active vaccination.

TO CORRESPONDENTS.—Dr. Webb's Appendix to his Dissertation on Rheumatism, was not received in season for this number of the Journal. It will be inserted next week. Other papers are also on file.

Who'e number of deaths in Boston, for the week ending April 15, 36. Males, 21—Females, 15. Consumption, 6—infantile, 2—disease of the heart, 2—dropsy on the brain, 1—wounds, 1—apoplexy, 1—lung fever, 4—typhus fever, 2—inflammation of the bowels, 1—enlargement of heart, 1—accidental, 1—influenza, 1—rheumatic, 1—canker, 1—child bed, 1—intemperance, 1—worms, 1—pleurisy, 1—syphilis, 1—stillborn, 1.

MEDICAL TUITION.

The subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied; and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, \$100 per annum; to be paid in advance.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

Boston, October, 1835.

June 15—copied

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

TO MEDICAL STUDENTS.

The undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. A thorough instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. H. WILSON has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.

April 12—3t

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

MARSHALL S. PERRY, M.D.
AUGUSTUS A. GOULD, M.D.
HENRY I. BOWDITCH, M.D.
HENRY G. WILEY, M.D.

Nov. 30.

TO PHYSICIANS.

A PHYSICIAN wishing a location in a pleasant town near the centre of Worcester County, Mass., where he can command a large business, may hear of by inquiring, personally, or by letter post-paid, at this office—the present occupant wishing to leave his business, on account of ill health.

April 19—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, Jr. at 131 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$2.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.